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Bib Data Sheet

CONFIRMATION NO. 2030

<b>SERIAL NUMBER</b> 09/830,749	<b>FILING DATE</b> 06/25/2001 <b>RULE</b>	<b>CLASS</b> 485 530/300	<b>GROUP ART UNIT</b> 165T 1647	<b>ATTORNEY DOCKET NO.</b> 11909.1USWO
<b>APPLICANTS</b> Jordan L. Holtzman, Minneapolis, MN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US99/25593 10/29/1999 WHICH CLAIMS BENEFIT OF 60/106,398 10/30/1998 WHICH CLAIMS BENEFIT OF 60/123,564 03/10/1999 <i>REL</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <i>REL</i> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>REL</i> Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 16
			<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 23552				
<b>TITLE</b> <i>protein</i> Complex of a chaperone with amyloid and methods employing this complex <i>2</i>				
<b>FILING FEE RECEIVED</b> 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	